

TEACCH Fundamentals Training

Fill out this form for a student with autism with whom you are now working (or have worked with in the past). You will be using this information to actively apply the TEACCH principles presented.

Student's First Name ONLY: _____

Age: _____

Setting (type of classroom, community, home, etc.) _____

Describe the student's friends, pets, family:

What are the student's interests and enthusiasms?

Describe the student's individual strengths:

What challenges do you confront or concerns do you have for this student?

What things are upsetting for this student (fears, anxieties)?

What things are calming for the student?

In what ways and when does the student communicate most effectively?

Describe time when he/she has trouble communicating.

Describe the best ways to encourage this student's understanding.

The best practices for teaching this student something new are:

Student's skills: Academic/Conceptual (skills in reading, math, writing, pre-academics [colors, numbers, shapes, letters] and other academic areas of importance.)

Student's skills: Household and/or Domestic (skills with chores, cleaning up, and meals.)

Student's skills: Toileting and Hygiene (skills/ level of supervision with toileting, washing hands, tying shoes, students grooming, interest in fashion if relevant)

Student's skills: Social/Emotional (e.g. peer interactions, adult interactions, feelings, ability to control reactions, affect, etc.)

Student's skills: Recreational/Leisure (activities student spend time with alone, favorite activities with others, favorite free time activities/ materials?)

Skill Area: Behavioral (Describe any difficult behaviors. How frequently do these behaviors occur?)

(What triggers difficult behaviors?)

(How are behaviors typically managed?)

(How does the student react to stimulation, e.g. too much noise, many people, etc)?

(Is he/she easily calmed once upset?)